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Bib Data Sheet

CONFIRMATION NO. 5639

SERIAL NUMBER 10/711,640	FILING DATE 09/29/2004 RULE	CLASS 257	GROUP ART UNIT 2818	ATTORNEY DOCKET NO. FIS920040085
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APPLICANTS

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** CONTINUING DATA ***** No THN

** FOREIGN APPLICATIONS ***** No THN

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 10/23/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 7	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 4
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35 USC 119 (a-d) conditions met ☐ yes ☒ no ☐ Met after Allowance

Verified and Acknowledged *[Signature]* THN
 Examiner's Signature Initials

ADDRESS
 45988
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TITLE
 STRUCTURE AND LAYOUT OF A FET PRIME CELL

FILING FEE RECEIVED 1036	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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